Status: Finalized

I. Hospital Information

Hospital Name: PARKVIEW WABASH HOSPITAL

Provider #: 15-1310 City: Wabash

County: Wabash

Year: 2015

Person Completing the Report: Gordon Springer

Email Address: gordon.springer@parkview.com

LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

State Licensure: ✓ Acute License □ LTC Certification

Private Accreditation: JCAHO HFAP

CMS Specialized
✓ CAH □ TLC □ Rehab

DRG Exempt: Psych Rehab Swing Bed

Number of Total Hospital Full Time Equivalents 151

II. Hospital Service Utilization

| Hospital Service Description | Number of Set- up Beds | Number of Discharges | Number of Patient Days | Annual Total Charges |
|---------------------------------|---------------------------|----------------------|------------------------|----------------------|
| Burn Care | 0 | 0 | 0 | \$0 |
| Cardiac Intensive | 0 | 0 | 0 | \$0 |
| ICU Medical/Surgical | 0 | 0 | 0 | \$0 |
| ICU Neonatal | 0 | 0 | 0 | \$0 |
| ICU Pediatric | 0 | 0 | 0 | \$0 |
| Medical/Surgical | 25 | 300 | 966 | \$1,335,830 |
| Neonatal Intermediate | 0 | 0 | 0 | \$0 |
| Normal Newborn | 0 | 0 | 0 | \$0 |
| Obstetrics | 0 | 0 | 0 | \$0 |
| Pediatric | 0 | 0 | 0 | \$0 |
| Psychiatric | 0 | 0 | 0 | \$0 |
| Rehabilitation | 0 | 0 | 0 | \$0 |
| Substance Abuse | 0 | 0 | 0 | \$0 |
| Swing Bed Program | NA | 0 | 0 | \$0 |
| Extended Care | 0 | 0 | 0 | \$0 |

| Observation Beds | 0 | 0 | 0 | \$0 |
|--------------------|----|-----|-----|-----|
| All Other Services | 0 | 0 | 0 | NA |
| Total Acute | 25 | 300 | 966 | NA |

III. Nursing Facility Utilization

| | Number of Licensed Beds | Number of Discharges | Number of Patient Days |
|------------------|----------------------------|----------------------|---------------------------|
| Nursing Facility | 0 | 0 | 0 |

IV. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-9-CM Diagnostic Categories

| Diagnostic Categories | Number of Encounters | Diagnostic Categories | Number of Encounters |
|-----------------------|----------------------|-----------------------|----------------------|
| Infectious Disease | 81 | HIV | 5 |
| Neoplasms | 298 | Endocrine | 1156 |
| Diseases of Blood | 236 | Mental Disorders | 149 |
| Nervous | 265 | Circulatory | 993 |
| Respiratory | 414 | Digestive Diseases | 339 |
| Genitourinary | 561 | Pregnancy | 36 |
| Skin | 178 | Musculoskeletal | 906 |
| Congenital | 12 | Perinatal | 6 |
| All Injuries | 652 | | |
| Other/Known | 3189 | Total Encounters | 9476 |

V. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-10-CM Diagnostic Categories

| Diagnostic Categories | Number of Encounters | Diagnostic Categories | Number of Encounters |
|---|----------------------|--|----------------------|
| Certain infectious and parasitic diseases | 94 | HIV | 0 |
| Neoplasms | 401 | Endocrine, nutritional and metabolic diseases | 1295 |
| Diseases of blood and blood-forming organs and certain disorders involving the immune mechanism | 230 | Mental, Behavioral and Neurodevelopmental disorders | 147 |
| Diseases of the nervous system | 304 | Diseases of the circulatory system | 1256 |
| Diseases of the respiratory system | 680 | Diseases of the digestive Diseases | 443 |
| Diseases of the genitourinary system | 751 | Pregnancy, childbirth and teh puerperium | 62 |
| Diseases of the skin and subcutaneous tissue | 183 | Diseases of the musculoskeletal system and connective tissue | 1439 |
| | | | |

| Congenital malfomations, deformations and chromosomal abnormalities | 13 | Certain conditions originating in the perinatal period | 5 |
|---|------|--|-------|
| Injury, poisoning and certain other consequences of external causes | 839 | | |
| Other/Known | 3483 | Total Encounters | 11625 |

| Total ED Visits | ED Injury Visits | ED Injury Admissions |
|-----------------|------------------|----------------------|
| 4861 | 1088 | 279 |

Comments

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